

<i>SERFF Tracking Number:</i>	<i>RNOA-125883579</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Royal Neighbors of America</i>	<i>State Tracking Number:</i>	<i>40788</i>
<i>Company Tracking Number:</i>	<i>200911-AR RNOA-125883579</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Flexible Premium Adjustable Life Insurance and Perm Application</i>		
<i>Project Name/Number:</i>	<i>2008 FPAL and Perm App/200911-AR</i>		

Filing at a Glance

Company: Royal Neighbors of America		
Product Name: Flexible Premium Adjustable Life Insurance and Perm Application	SERFF Tr Num: RNOA-125883579 State: ArkansasLH	
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed	State Tr Num: 40788
Sub-TOI: L09I.001 Single Life	Co Tr Num: 200911-AR RNOA-125883579	State Status: Approved-Closed
Filing Type: Form	Co Status: submitted Authors: John Friederich, Philip Blankenfeld, Deb Zemo, Kelli Zimmer Date Submitted: 11/06/2008	Reviewer(s): Linda Bird Disposition Date: 11/24/2008 Disposition Status: Approved Implementation Date:
Implementation Date Requested: On Approval		
State Filing Description:		

General Information

Project Name: 2008 FPAL and Perm App	Status of Filing in Domicile: Not Filed
Project Number: 200911-AR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Illinois is projected to be filed 11/15/2008
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/24/2008	
State Status Changed: 11/24/2008	Deemer Date:
Corresponding Filing Tracking Number: 200911-AR	
Filing Description:	
The flexible premium adjustable life (universal life) certificate is new and has never been issued by Royal Neighbors of America (Royal Neighbors), nor been available for attachment to any life insurance or annuity certificate issued by Royal	

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Company Tracking Number: 200911-AR RNOA-125883579
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance and Perm Application
Project Name/Number: 2008 FPAL and Perm App/200911-AR

230 16th Street (800) 627-4762 [Phone]
Rock Island, IL 61201 (309) 788-3887[FAX]

Filing Company Information

Royal Neighbors of America CoCode: 57657 State of Domicile: Illinois
230 16th Street Group Code: Company Type: Life, Health,
Annuity
Rock Island, IL 61201 Group Name: Royal Neighbors State ID Number:
(309) 732-8232 ext. 8232[Phone] FEIN Number: 36-1711198

SERFF Tracking Number: *RNOA-125883579* *State:* *Arkansas*
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TOI: *L09I Individual Life - Flexible Premium* *Sub-TOI:* *L09I.001 Single Life*
 Adjustable Life
Product Name: *Flexible Premium Adjustable Life Insurance and Perm Application*
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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 2 forms x \$50 = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Royal Neighbors of America	\$100.00	11/06/2008	23749363

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/24/2008	11/24/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/13/2008	11/13/2008	Philip Blankenfeld	11/20/2008	11/20/2008

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Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RNOA-125883579 State: Arkansas

Filing Company: Royal Neighbors of America State Tracking Number: 40788

Company Tracking Number: 200911-AR RNOA-125883579

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Flexible Premium Adjustable Life Insurance and Perm Application

Project Name/Number: 2008 FPAL and Perm App/200911-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	Amended Actuarial Demonstration dated 11-20-2008		No
Supporting Document	Actuarial Demonstration		No
Supporting Document	Illustration Specimen		Yes
Supporting Document	Flesch		Yes
Form	Flexible Premium Adjustable Life Insurance Certificate		Yes
Form	Application for Permanent Life Insurance		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/13/2008
Submitted Date	11/13/2008
Respond By Date	
Dear Debra Zemo,	

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/20/2008
Submitted Date	11/20/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Attached is an amended Actuarial Memorandum dated 11-20-2008 that contains language that cites to Arkansas Rules and Regulation 34 on Page 5 of the Memorandum.

The Memorandum also includes a Certificate of Compliance (please see Appendix D).

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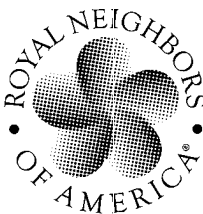
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Form Schedule

Lead Form Number: 200911-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	200911-AR	Policy/Cont	Flexible Premium ract/Fratern Adjustable Life al Insurance Certificate Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			200911-AR.pdf
	1730 Rev. 10-2008	Application/ Enrollment Form	Application for Permanent Life Insurance	Initial			1730 Rev. 10-2008 Application for Permanent Life Insurance.pdf



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

AGREEMENT

AGREES, subject to the provisions of this Certificate, to pay a Death Benefit in accordance with the calculations for the Death Benefit Option selected as defined herein (Death Benefit) to the Beneficiary upon receipt at its Home Office of (1) Proof of death of the Insured, such as a certified copy of a death certificate, or a certified decree from a court of competent jurisdiction as to the finding of death, that the Insured died prior to the Maturity Date, and while this Certificate was in force, and (2) Proof of the claimant's right to the proceeds, or (3) The Cash Surrender Value to the Owner, if the Insured is living on the first anniversary of the Issue Date after the Insured's 121st birthday, while this Certificate is in force. The Death Benefit Option type and amount are shown on Page 3.

All sums payable by Royal Neighbors of America (Royal Neighbors) under the terms of this Certificate shall be payable at its Home Office in Rock Island, Illinois, not later than 30 days after Royal Neighbors has received Proof of Death of the Insured.

Interest will be paid on the proceeds payable upon the death of the Insured on all claims not paid within 30 days after all required proofs are received at the Home Office. Full payment of the Certificate's proceeds to the person designated as being entitled to receive such proceeds shall fully discharge Royal Neighbors from all claims under this Certificate. Any debt on this Certificate will be deducted at the time of final payment.

This Certificate is issued in consideration of the application and the payment of the premiums. Certificate years, months, and anniversaries will be determined from the Issue Date. The Rating Age of the Insured is the age last birthday on the Issue Date. The Attained Age of the Insured is the Rating Age plus the number of complete Certificate Years which have elapsed from the Issue Date.

THIS CERTIFICATE IS A LEGAL CONTRACT BETWEEN THE OWNER AND ROYAL NEIGHBORS PLEASE READ IT CAREFULLY

To present an inquiry, obtain information, or receive assistance in resolving a complaint regarding this Certificate, you may telephone Royal Neighbors at (800) 627-4762 or write to the Home Office at: Royal Neighbors, 230 16th Street, Rock Island, IL 61201. Royal Neighbors will provide comprehensive information regarding the benefits and provisions of this Certificate to the Owner within 10 business days from receipt of the request.

RIGHT TO EXAMINE CERTIFICATE

The Owner may void this Certificate by returning it to the Home Office at 230 16th Street, Rock Island, IL 61201; or to the agent through whom it was purchased; or to any representative of Royal Neighbors before midnight of the 20th day (30th day if purchased as a replacement or through our call center or by direct mail) after the date it was delivered to the Owner. Return by mail is effective on being postmarked, properly addressed, and postage prepaid. Royal Neighbors will return all premiums paid on this Certificate, less any benefits paid within 10 business days after receiving the Certificate. Such return will void this Certificate from the beginning.

Executed at the Home Office in Rock Island, Illinois, on the Issue Date.

Bruce R. Peterson

Secretary and General Counsel

Cynthia A. Tidwell

President and CEO

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE CERTIFICATE – Death Benefit payable at death prior to Maturity Date – Cash Surrender Value payable to Owner if Insured is living on Maturity Date – Flexible Premiums – Certificate expires prior to Maturity Date if Premiums paid and credited interest are not sufficient to continue Certificate in-force – Participating

INDEX OF CERTIFICATE PROVISIONS

<u>Name of Provision</u>	<u>Page No.</u>	<u>Name of Provision</u>	<u>Page No.</u>
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Agreement.....	1	Maturity Date.....	8
Annual Report.....	7	Maximum Expense Charge and Cost of Insurance Rates.....	6
Applicable State Law.....	6	Membership.....	5
Assignment.....	7	Minimum Values.....	5
Basis of Values.....	6	Monthly Deduction.....	6
Beneficiary.....	7	Modifications.....	8
Cash Surrender.....	5	Net Amount at Risk.....	6
Cash Surrender Value.....	5	Ownership.....	8
Cash Value.....	5	Partial Withdrawals.....	5
Certificate Data.....	3	Petitioner.....	9
Certificate Year.....	9	Planned Premium.....	2
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Death Benefit Option.....	6	Right to Examine Certificate.....	1
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Entire Contract.....	7	Suicide.....	9
Flexible Premiums.....	2	Surrender Charge.....	5
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Incontestability.....	7	Table of Nonforfeiture Values and Surrender Charges.....	3 A
Issue Date.....	3	Table of Percentages.....	7
Loans.....	8		

Additional benefit(s) provided by riders or endorsements, if any, are listed on Page 3A.

FLEXIBLE PREMIUMS – All premiums are payable at the Home Office. Premiums, except the first, may be paid at any time and in any amount. An amount at least equal to the Planned Premium is due on the Issue Date. Royal Neighbors reserves the right to limit payments in excess of the Planned Premium.

PLANNED PREMIUM – The initial Planned Premium and mode are shown on Page 3. Premium payment reminder notices will be for the Planned Premium amount and mode unless otherwise directed by the Owner in writing. Royal Neighbors reserves the right to approve the initial Planned Premium and any changes to the Planned Premium.

REFUND OF EXCESS PREMIUMS – The Internal Revenue Code (IRC) provides for the exclusion of death benefits from gross income for flexible premium life insurance contracts. There is a maximum limitation on premiums which may not be exceeded if this Certificate is to qualify for the exclusion. The portion of any premium payment received in excess of that limitation will be refunded, with any interest. The refund will be made within 60 days after the end of the Certificate Year in which the excess premium is received.

CONTINUATION OF INSURANCE – If premium payments are stopped, this certificate and any benefits provided by riders or endorsements except for benefits under a flexible premium deferred annuity rider will continue in force until the Contract Value, less any debt, is less than the Monthly Deduction for 1 month. This provision will not continue this Certificate beyond the Maturity Date nor will it continue a rider, if any, beyond the date of its termination, as provided in the rider.

CERTIFICATE DATA

Name of Insured..... John Doe
Rating Age and Sex..... 35 – Male
Certificate Number..... 000010099981
Chapter Number..... 00102
Issue Date..... October 23, 2008
Maturity Date..... October 23, 2094

Name of Owner..... As stated in the Application unless changed by Assignment

This Certificate provides life insurance coverage to the death of the Insured if sufficient Premiums are paid. The duration of coverage will depend upon the amount, timing, and frequency of Premium payments, credited interest, Monthly Deductions, and any Loans or Withdrawals.

This Certificate will expire prior to the Maturity Date if the Premium paid and interest credited are not sufficient to continue this Certificate in force to the Maturity Date. Premiums paid for this life insurance may need to be increased to keep this Certificate in force.

Face Amount..... \$100,000.00
Risk Class..... Standard Non-Tobacco
Class Factor..... 1.00

Death Benefit Option..... Option A
Planned Premium and Mode..... \$940.00 – Annually
Guaranteed Credited Interest..... 3% Per Annum

Maximum Expense Charges:

General Charge..... \$7.50 per month
Expense Charge..... 5% of any Premium payment collected
Administrative Charge..... \$0.50 annually for years 1-5; \$0.00 for years 6 +

Description of additional benefit, if any:

			PREMIUM			
FORM NO.	DESCRIPTION OF ADDITIONAL BENEFIT		ANNUAL	SEMIANNUAL	QUARTERLY	MONTHLY PAC
None						

TABLE OF NONFORFEITURE VALUES AND SURRENDER CHARGES

The values shown below assume that (1) the Planned Premiums have been paid when due; (2) the Maximum Monthly Cost of Insurance Rates have been applied; (3) the Face Amount has not been changed; (4) the Death Benefit Type has not been changed; (5) the Guaranteed Interest Rate has been credited; and (6) no Withdrawals or Loans have been made.

NOTE: If the assumptions above are realized exactly, the Certificate will expire in Certificate Year 44.

END OF CERTIFICATE YEAR	ACCOUNT VALUE	CASH SURRENDER VALUE	SURRENDER CHARGE DURING YEAR
1	\$664.83	\$0.00	\$2,324.00
2	\$1,345.38	\$0.00	\$2,296.00
3	\$2,040.24	\$0.00	\$2,268.00
4	\$2,747.95	\$509.95	\$2,238.00
5	\$3,470.03	\$1,262.03	\$2,208.00
6	\$4,255.04	\$2,078.04	\$2,177.00
7	\$5,052.34	\$2,906.34	\$2,146.00
8	\$5,859.62	\$3,745.62	\$2,114.00
9	\$6,674.66	\$4,593.66	\$2,081.00
10	\$7,496.12	\$5,448.12	\$2,048.00
11	\$8,322.72	\$6,486.72	\$1,836.00
12	\$9,154.99	\$7,531.99	\$1,623.00
13	\$9,997.21	\$8,586.21	\$1,411.00
14	\$10,853.57	\$9,655.57	\$1,198.00
15	\$11,721.27	\$10,735.27	\$986.00
16	\$12,595.67	\$12,595.67	\$0.00
17	\$13,471.32	\$13,471.32	\$0.00
18	\$14,342.75	\$14,342.75	\$0.00
19	\$15,205.34	\$15,205.34	\$0.00
20	\$16,049.37	\$16,049.37	\$0.00

TABLE OF MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000

Male

Non-Tobacco

Based on Guaranteed 100% 2001 Commissioners' Standard Ordinary (CSO)
Ultimate ALB, gender and smoker distinct mortality table.

ATTAINED AGE	MONTHLY COST PER \$1,000	ATTAINED AGE	MONTHLY COST PER \$1,000	ATTAINED AGE	MONTHLY COST PER \$1,000
35	0.09333	75	3.50333	115	64.46916
36	0.09750	76	3.87166	116	67.89666
37	0.10333	77	4.30000	117	71.51083
38	0.11083	78	4.79750	118	75.31666
39	0.11750	79	5.35500	119	79.30583
40	0.12666	80	5.97666	120	83.33333
41	0.13750	81	6.65250		
42	0.15083	82	7.36833		
43	0.16666	83	8.15000		
44	0.18416	84	9.01916		
45	0.20333	85	9.98583		
46	0.22250	86	11.04916		
47	0.23833	87	12.19833		
48	0.25083	88	13.42000		
49	0.26666	89	14.70166		
50	0.28750	90	15.97833		
51	0.31416	91	17.23500		
52	0.34666	92	18.55166		
53	0.38416	93	19.94000		
54	0.43166	94	21.40250		
55	0.48500	95	22.85083		
56	0.54000	96	24.26500		
57	0.59333	97	25.77166		
58	0.64666	98	27.37833		
59	0.70916	99	29.09250		
60	0.78500	100	30.73000		
61	0.87750	101	32.18250		
62	0.98500	102	33.72750		
63	1.10250	103	35.37000		
64	1.22500	104	37.10583		
65	1.35250	105	38.93416		
66	1.48166	106	40.87500		
67	1.61666	107	42.93416		
68	1.75916	108	45.11916		
69	1.91916	109	47.43500		
70	2.10583	110	49.88750		
71	2.33250	111	52.48583		
72	2.59750	112	55.23583		
73	2.87666	113	58.14583		
74	3.17666	114	61.22083		

GRACE PERIOD – A Grace Period of 60 days will begin following the first Monthly Deduction date for which the Account Value, reduced by indebtedness, is insufficient to provide an entire additional month of insurance. This Certificate will continue in force during the Grace Period. This Certificate will lapse without value at the end of the Grace Period if no further Premiums are paid. A notice will be mailed to the last known address of the Owner at least 30 days prior to lapse. Upon death of the Insured during the Grace Period, an amount equal to any unpaid Monthly Deduction through the end of the month in which death occurs will be deducted from the Death Benefit.

REINSTATEMENT – This Certificate may be Reinstated within 3 years after the Grace Period has expired unless the Cash Surrender Value has been paid. To reinstate this Certificate, Royal Neighbors will require:

1. Evidence of insurability satisfactory to Royal Neighbors; and
2. Payment of any unpaid Monthly Deductions for the Grace Period; and
3. Payment of a sufficient amount to keep this Certificate in force for at least 1 Certificate Year.

Any Reinstatement will take effect on the first day of the month following 5 days after the date the application for Reinstatement is approved.

ACCOUNT VALUE – The retrospective accumulation of Premiums, reduced by specified charges, including the Cost of Insurance and expenses, at no less than the guaranteed minimum interest rate.

CASH VALUE – The Account Value less any Surrender Charge.

CASH SURRENDER VALUE – The Cash Value reduced by indebtedness.

CASH SURRENDER – The Owner may surrender this Certificate for its Cash Surrender Value by sending a proper request to the Home Office. Royal Neighbors may defer the payment of the Cash Surrender Value for a period up to 6 months after the request is received. The deferral shall be contingent upon Royal Neighbors' receipt of written approval of the deferral from the State Insurance Commissioner's Office. If payment of the Cash Surrender Value is not paid or placed into another contract within 30 days of receipt of the Certificate and the request for surrender, Royal Neighbors will pay interest on the Cash Surrender Value at a rate not less than that required by law.

SURRENDER CHARGE – Royal Neighbors will impose a Surrender Charge on amounts in excess of any Dividends which are then included in the Account Value. A schedule of Surrender Charges is shown on Page 3 A.

PARTIAL WITHDRAWALS – The Owner may make a Partial Withdrawal from the Account Value while this Certificate is in force, except during the first Certificate Year. Proper request for a Withdrawal is required. The amount of a Partial Withdrawal must not exceed the Cash Surrender Value, but not be less than \$500. Beginning in year 11, the Owner may make a Partial Withdrawal in an amount not to exceed 2% of the Account Value without incurring a Surrender Charge. However, such Partial Withdrawal may not exceed the amount of the Cash Surrender Value.

MINIMUM VALUES – The Cash Values and Death Benefits available under this Certificate are not less than the minimum benefits required by any statute of the state in which this Certificate is delivered. A detailed statement of the method of computing Cash Values has been filed with the Insurance Department of the state in which this Certificate is delivered.

MEMBERSHIP – The Insured shall be a member of a chapter of Royal Neighbors on the Issue Date.

SUSPENSION OR EXPULSION – If the member should be expelled or suspended from Membership with Royal Neighbors for any reason, except for nonpayment of Premium or for misrepresentation in the application for insurance or application for Membership during the contestable period the Owner shall have the privilege of maintaining this Certificate in force by payment of the required Premium.

CREDITED INTEREST – Interest at a rate of not less than 3% per annum, as authorized by Royal Neighbors at least once each year, will be credited to the Account Value. That portion of the Account Value used as security for a Loan will earn interest at 3% per annum.

BASIS OF VALUES – Guaranteed values and reserves for this Certificate are not less than the minimum values required by any statute of the state in which this Certificate is delivered. A detailed statement of the method of computing Cash Values has been filed with the Insurance Department of the state in which this Certificate is delivered.

NET AMOUNT AT RISK – The Net Amount at Risk on the first day of each month is the result of:

1. The Death Benefit on that day divided by 1.03 to the power of 1/12; less
2. The Account Value on that day reduced by the Monthly Deduction other than the Cost of Insurance for this Certificate.

MONTHLY DEDUCTION – A Monthly Deduction will be made from the Account Value on the first day of each month and will include the following:

1. The Cost of Insurance for this Certificate; and
2. The Cost of Insurance for any benefit rider, excluding any annuity rider, made a part of this Certificate; and
3. Substandard extra mortality charges, if any; and
4. The expense charge.

The monthly Cost of Insurance for this Certificate will be the product of A times B times C where:

A is the Cost of Insurance Rate based on the attained age of the Insured as shown in the table on Page 4;

B is the Class Factor shown on Page 3; and

C is the Risk Amount.

The monthly Cost of Insurance for any benefit rider, other than any annuity rider, will be the premium charged for the rider. As long as the Account Value, less any debt, is large enough to meet the Monthly Deduction on the first day of any month, this Certificate will remain in force.

MAXIMUM EXPENSE CHARGE AND COST OF INSURANCE RATES – The Maximum Expense Charge is shown on Page 3. The Maximum Monthly Cost of Insurance Rates are shown on Page 4. Royal Neighbors may declare Expense Charges and Monthly Cost of Insurance Rates which are less than the maximum.

DEATH BENEFIT OPTION – The Death Benefit Option is shown on Page 3 and is either Option A or Option B as defined below:

1. **Option A Death Benefit – Level.** The Death Benefit is the larger of (a) the Face Amount, or (b) the amount determined by multiplying the Account Value by the appropriate percentage shown under the Table of Percentages.
2. **Option B Death Benefit – Increasing.** The Death Benefit is the larger of (a) the Face Amount, plus the Account Value, or (b) the amount determined by multiplying the Account Value by the appropriate percentage shown under the Table of Percentages.

CHANGE IN DEATH BENEFIT OPTION – The Owner may change the Death Benefit Option upon proper written request, but not more often than once each Certificate Year. The Death Benefit Option may not be changed during the first Certificate Year. A change will be effective on the first day of the month following 5 days after receipt of the request at the Home Office. If the requested change is from the Option A Death Benefit to the Option B Death Benefit, the Face Amount will be reduced by the amount of the Account Value at the end of the month preceding the effective date of the change. However, Royal Neighbors reserves the right to decline to make such change if it would reduce the Face Amount below \$25,000. If the requested change is from the Option B Death Benefit to the Option A Death Benefit, the Face Amount will be increased by the amount of the Account Value on the date of the change, and satisfactory evidence of insurability of the Insured will be required.

APPLICABLE STATE LAW – The rights or obligations of the Owner or any person claiming under this Certificate shall be governed by the laws of the state in which this Certificate is delivered.

TABLE OF PERCENTAGES – To qualify as life insurance and be excluded from income taxation, the Internal Revenue Code requires the Death Benefit to equal or exceed a stipulated percentage of the Account Value, as shown in the table on the right. Age is the age of the Insured on the Certificate anniversary preceding the date of death.

RATING AGE AND SEX – If the Age or Sex of the Insured is misstated, the Death Benefit will be adjusted. The amount of the Death Benefit will be equal to the larger of the Account Value, plus the Risk Amount which would be purchased by the most recent Cost of Insurance deduction:

1. At the correct Age and Sex; or
2. The amount determined by multiplying the Account Value by the appropriate percentage shown under the Table of Percentages.

ANNUAL REPORT – For each year during which this Certificate is in force, Royal Neighbors will provide the Owner of this Certificate an Annual Report without charge. The Annual Report will show the current values of the Certificate. Royal Neighbors will provide additional Annual Reports at any time, upon request of the Owner.

If it is known, based on guaranteed assumptions and no further Premium payments, that the Certificate will terminate before the next Certificate anniversary, a notice to that effect will be provided in the Annual Report.

Table of Percentages

Age	Percent	Age	Percent
0-40	250	61	128
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94	101
59	134	95 &	
60	130	above	100

ASSIGNMENT – No Assignment of this Certificate is binding upon Royal Neighbors unless it is on file at its Home Office. An Assignment that is on file is valid for the purpose of vesting in the assignee all the incidents of ownership assigned, and entitles Royal Neighbors to deal with the assignee as the Owner as to all incidents of ownership assigned in accordance with the provisions of this Certificate, but without prejudice to Royal Neighbors on account of any payment(s) made prior to receipt by Royal Neighbors of such notice of Assignment. The recording of an Assignment by Royal Neighbors is not a determination of the validity of the underlying Assignment. Royal Neighbors has no responsibility as to the validity of an Assignment. The claim of any assignee is subordinate to that of Royal Neighbors, including any indebtedness to Royal Neighbors.

BENEFICIARY – The Beneficiary is as stated in the application attached to this Certificate, unless changed. Unless the designation of the Beneficiary is explicitly irrevocable, the Owner may change the Beneficiary without the consent of any such Beneficiary. The primary Beneficiary will receive the Death Benefit if the Insured dies while this Certificate is in force. Proper written request designating the Beneficiary will be required. No such change will take effect unless recorded by Royal Neighbors. When recorded, the change will take effect on the date the request was signed, but without prejudice to Royal Neighbors on account of any payment made by it before the requested change has been recorded.

ENTIRE CONTRACT – This contract is between Royal Neighbors and the Owner. It includes the Articles of Incorporation and the Bylaws of Royal Neighbors; this Certificate, including any attached riders or endorsements; the application, a copy of which is attached; and all present or future amendments or endorsements to each. However, no future amendment to the Articles of Incorporation or the Bylaws of Royal Neighbors shall reduce the benefits contracted for as of the Issue Date.

ILLUSTRATION OF FUTURE VALUES – The Owner may request an Illustration of Future Values at any time. One such report will be furnished annually without charge.

INCONTESTABILITY – This Certificate shall be incontestable after it has been in force during the lifetime of the Insured for 2 years from:

1. The Issue Date of this certificate;
2. The effective date of Reinstatement with regard to statements made in an application for Reinstatement; and
3. The effective date of any increase in Face Amount as to statements made in the application for increase.

CHANGE IN FACE AMOUNT – The Owner may apply to increase the Face Amount at any time, or to reduce the Face Amount any time after the first Certificate Year, but may not change the Face Amount more often than 2 times each Certificate Year. The effective date of a change will be the first day of the month after 5 days following approval of the change. The minimum increase in Face Amount that will be allowed is \$10,000. The Face Amount may not be reduced below \$25,000.

To increase the Face Amount, Royal Neighbors will require a proper application and satisfactory evidence of insurability of the Insured.

To reduce the Face Amount, Royal Neighbors will require a written request from the Owner.

DIVIDENDS – Starting at the end of the second Certificate Year, this Certificate shall earn annual Dividends as declared by Royal Neighbors. Royal Neighbors reserves the right in declaring Dividends to set such classes and allocate such costs as it determines is appropriate based on, but not limited to, the Certificate Face Amount, the amount of the Dividend, and the Dividend option selected. The available dividend options are:

Dividend Option 1 – Added to the Account Value

Dividend Option 2 – Paid in cash

Dividend Option 3 – Left on deposit to accumulate with interest as authorized by Royal Neighbors, but not less than 2% per annum.

Dividends will be added to the Account Value unless otherwise requested by the Owner. Royal Neighbors does not expect that any dividends will be declared on this Certificate.

Dividend accumulations may be withdrawn. If this Certificate lapses before a Cash Value is available, any Dividend accumulations will be paid in cash. Any Dividend accumulations existing at the maturity of this Certificate will be paid with the other proceeds of this Certificate.

LOANS – The Owner may obtain a Loan on this Certificate while it is in force by complying with the procedures as established by Royal Neighbors from time to time. Such Loan, plus any existing indebtedness on the Certificate, may not exceed the Cash Surrender Value. The sole security for a Loan shall be this Certificate. During the first 10 Certificate Years, the Loan will bear interest at the rate of 7% per annum. Beginning in the 11th Certificate Year, the Owner may obtain a loan for up to 100% of the Cash Surrender Value not to exceed 50% of the Cash Value (Preferred Loan). In no event may the total outstanding Preferred Loans exceed 50% of the Cash Value. Interest is payable at the end of each Certificate Year. Interest not paid when due shall be added to the Loan. The existing debt at any time shall include accrued interest.

If the existing debt equals or exceeds the Cash Surrender Value, this Certificate shall terminate and no longer be in effect 31 days after notice has been mailed to the Owner and the Assignee of record, if any, at the address last known to Royal Neighbors. The debt or any part of it may be repaid at any time while this Certificate is in force prior to its maturity or termination, whichever occurs first.

Royal Neighbors may defer the granting of a Loan for a period up to 6 months after the request is received. The deferral of granting a Loan is contingent upon Royal Neighbors' receipt of written approval of the deferral from the State Insurance Commissioner's Office.

OWNERSHIP – The Insured is the Owner of this Certificate unless another Owner is named in the application or Ownership is transferred by an Assignment. While the Insured is living, the Owner may exercise all rights set out in this Certificate except as otherwise provided in this Certificate.

MODIFICATIONS – No representative or agent of Royal Neighbors has the authority to make changes to this Certificate. Only authorized officers of Royal Neighbors have the authority to waive terms of or make any changes to this Certificate. All changes must be in writing.

MATURITY DATE – The anniversary of the Issue Date nearest the Insured's 121st birthday, while the Insured is alive and this Certificate is in force.

MAINTENANCE OF RESERVE – If Royal Neighbors' reserves become impaired, the Owner shall pay Royal Neighbors this Certificate's equitable proportion of the deficiency. However, there shall be no personal liability for such payment except against this Certificate's reserve. The amounts of such payment and deficiency shall be determined by Royal Neighbors' Board of Directors. If such payment is not made in cash, it shall stand as a debt against the Certificate. Such debt shall bear interest at 5% per annum. In lieu of the foregoing, or in combination with it, the Owner may consent to a corresponding decrease of the Death Benefit. Such decrease shall be in the same proportion as the amount of such payment bears to the reserve immediately before such decrease.

REPRESENTATIONS – All statements in the application shall be deemed Representations and not warranties. No statement shall be used to void this Certificate, or used in defense of a claim, unless it is contained in the application and a copy of the application is attached to the Certificate when issued or delivered.

SUICIDE – If the Insured commits Suicide, while sane or insane within 2 years from the Issue Date, the only amount payable shall be the amount of Premiums paid, less any debt and less any prior Withdrawals. If the Insured commits Suicide, while sane or insane within 2 years after the effective date of any increase in the Face Amount, the only amount payable with respect to such increase shall be the Cost of Insurance for that period.

CERTIFICATE YEAR – A yearly period that begins on the Issue Date of this Certificate.

PETITIONER – If the age of the Insured at the time of issue was less than 16 at the Insured's nearest birthday, the Insured is the Owner of this Certificate, but may not exercise Ownership rights until control of this Certificate is transferred to the Insured. An adult individual meeting the standards set forth by the rules of Royal Neighbors (Petitioner) will exercise control over this Certificate until control of this Certificate is transferred to the Insured. For purposes of this provision, control means the ability to exercise all Ownership rights of the Insured in the Certificate, except the Petitioner may not assign and/or transfer, in any form, the Ownership in the Certificate. Subject to Royal Neighbors' approval, control may be transferred to a substitute Petitioner.

If the Petitioner dies before the Certificate anniversary nearest the Insured's 16th birthday, a substitute Petitioner satisfactory to Royal Neighbors shall be named.

After the Certificate anniversary nearest the Insured's 16th birthday, the Petitioner may transfer the control of this Certificate to the Insured by sending a written request to Royal Neighbors. If the Petitioner dies after the Certificate anniversary nearest the Insured's 16th birthday, control will transfer to the Insured on the date of the Petitioner's death. If control has not transferred to the Insured as of the Certificate anniversary nearest the Insured's 21st birthday, control will be transferred to the Insured on that date.

SETTLEMENT OPTIONS

Shown below are options available for the payment of any part of the proceeds of this Certificate in lieu of a lump sum. The Owner may change or revoke any previous election. An election, change, or revocation of an option must be made by proper written notice to Royal Neighbors. No such election, change, or revocation by the Owner shall take effect until endorsed on this Certificate while the Insured is living and before this Certificate matures. No payee under an option elected by the Owner shall have the right to change the manner of payment in any way unless the right has been given by the Owner in the election.

Within 6 months after the death of the Insured, the Beneficiary may elect an option if the Owner has not made an irrevocable election prior to the Insured's death.

The options are available and operative for a payee only if:

1. The amount to be applied is \$5,000 or more; and
2. The payments under the option are \$100 or more unless payments are made only annually; and
3. Payments are to be made to a natural person who takes in his or her own right

Option 1 – Proceeds at Interest – The proceeds may be left with Royal Neighbors of America to earn periodic interest payments. The interest rate will be set by Royal Neighbors from time to time. Each payment will be based on an interest rate of not less than 2% per annum.

The Proceeds at Interest Option is not available under this Certificate except in the event of the payment of the Death Benefit Proceeds to a Beneficiary following the Death of the Insured.

Option 2 – Payments for a Fixed Period – The proceeds may be paid in equal annual, semiannual, quarterly, or monthly payments for a fixed period of from 5 to 30 years. The amount of each payment for \$1,000 of proceeds will be in accordance with the following table:

Number of Years Payable	AMOUNT OF EACH PAYMENT			
	Annual	Semiannual	Quarterly	Monthly
5	\$208.00	\$104.51	\$52.39	\$17.49
6	175.03	87.95	44.08	14.72
7	151.48	76.12	38.15	12.74
8	133.83	67.25	33.71	11.25
9	120.11	60.35	30.25	10.10
10	109.14	54.84	27.49	9.18
15	76.30	38.34	19.22	6.42
20	59.96	30.13	15.10	5.04
25	50.22	25.23	12.65	4.22
30	43.77	22.00	11.03	3.68

Option 3 – Life Income with Payments for a Period Certain – The proceeds will be paid in equal annual,

semiannual, quarterly, or monthly payments for a period of 10 or 20 years certain and thereafter for the lifetime of the payee. The amount of each payment will depend upon the age last birthday of the payee at the time of the first payment. Proof of age of the payee may be required. The amount of each payment for \$1,000 of proceeds will be in accordance with the following table:

MONTHLY PAYMENTS					
10 Years Certain			20 Years Certain		
Age of Payee	Male	Female	Age of Payee	Male	Female
20	\$2.38	\$2.30	20	\$2.38	\$2.30
25	2.49	2.39	25	2.48	2.39
30	2.62	2.51	30	2.61	2.50
35	2.78	2.65	35	2.76	2.64
40	2.98	2.81	40	2.95	2.80
45	3.22	3.02	45	3.17	3.00
50	3.52	3.28	50	3.43	3.24
55	3.90	3.62	55	3.74	3.53
60	4.39	4.04	60	4.07	3.87
65	5.02	4.60	65	4.41	4.24
70	5.79	5.34	70	4.70	4.59
75	6.66	6.25	75	4.90	4.85
80	7.54	7.27	80	5.00	4.98

Values in the table under Settlement Option 3 are based on the Annuity 2000 male/female, ultimate, age last birthday, Individual Mortality Table with interest at 2% per annum. Values for ages or frequencies not shown will be furnished upon request.

EXCESS OF INTEREST – The payments certain under Settlement Options 2 and 3 are based on an interest rate of 2% per annum. Each payment certain will be increased by interest in excess of 2% per annum, if any, as may be set by Royal Neighbors from time to time.

DATES OF PAYMENT – The first payment under Settlement Option 1 shall be payable at the end of the period selected, measured from the date on which the proceeds would have been due had such option not been elected. The first payment under Settlement Option 2 or 3 shall be payable as of the date on which the proceeds would have been due had such option not been elected.

DEATH OF PAYEE – Any amount payable at the death of the payee under a Settlement Option shall be paid in one sum to the estate of the payee, unless other provision has been made. The amount payable under Settlement Option 1 shall be the remaining principal and accrued interest. The amount payable under Settlement Option 2 or 3 shall be the value commuted at 2% per annum of the remaining payments certain based on interest at 2% per annum.

SUPPLEMENTARY CONTRACT – If a settlement option is elected in lieu of a lump sum payment, a Supplementary Contract will be issued when the option is operative. The Supplementary Contract will provide for the manner of payment elected.

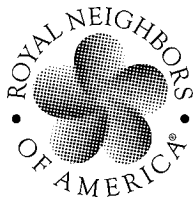
ROYAL NEIGHBORS OF AMERICA

A Fraternal Benefit Society

230 Sixteenth Street, Rock Island, Illinois 61201

www.royalneighbors.org

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE CERTIFICATE – Death Benefit payable at death prior to Maturity Date – Cash Surrender Value payable to Owner if Insured is living on Maturity Date – Flexible Premiums – Certificate expires prior to Maturity Date if Premiums paid and credited interest are not sufficient to continue Certificate in-force – Participating

**Statement of Certificate – Policy – Cost and Benefit Information****Name and Address of Insured**JOHN DOE
123 MAIN ST
ANYCITY US 12345**Name and Address of Insurance Representative**HOME OFFICE
230 SIXTEENTH ST
ROCK ISLAND IL 61201
(309) 788-4561**Certificate No.:** 000010099981**Chapter No.:** 00102**Plan:** Flexible Premium Adjustable Life**Death Benefit Option:** Option A**Certificate Face Amount:** \$100,000.00**Planned Premium:** \$940.00**Mode:** Annual**Initial Lump Sum Payment:** \$0.00**Class Factor:** 1.00**Rating Age:** 35**Risk Class:** Standard

Non-Tobacco

Issue Date: 10/23/2008**Date Prepared:** 10/28/2008**Riders:** None**GUIDELINE PREMIUMS**

Single	Level	7-Pay
\$12,979.96	\$1,125.91	\$3,319.32

GUARANTEED VALUES

GUARANTEED INTEREST RATE 3.00%

Account Value	Cash Surrender Value	Death Benefit	End of Year
\$664.83	\$0.00	\$100,000.00	1
\$1,345.38	\$0.00	\$100,000.00	2
\$2,040.24	\$0.00	\$100,000.00	3
\$2,747.95	\$509.95	\$100,000.00	4
\$3,470.03	\$1,262.03	\$100,000.00	5
\$4,255.04	\$2,078.04	\$100,000.00	6
\$5,052.34	\$2,906.34	\$100,000.00	7
\$5,859.62	\$3,745.62	\$100,000.00	8
\$6,674.66	\$4,593.66	\$100,000.00	9
\$7,496.12	\$5,448.12	\$100,000.00	10
\$8,322.72	\$6,486.72	\$100,000.00	11
\$9,154.99	\$7,531.99	\$100,000.00	12
\$9,997.21	\$8,586.21	\$100,000.00	13
\$10,853.57	\$9,655.57	\$100,000.00	14
\$11,721.27	\$10,735.27	\$100,000.00	15
\$12,595.67	\$12,595.67	\$100,000.00	16
\$13,471.32	\$13,471.32	\$100,000.00	17
\$14,342.75	\$14,342.75	\$100,000.00	18
\$15,205.34	\$15,205.34	\$100,000.00	19
\$16,049.37	\$16,049.37	\$100,000.00	20
\$22,715.84	\$22,715.84	\$100,000.00	Age 65
\$21,962.45	\$21,962.45	\$100,000.00	Age 70
\$14,899.66	\$14,899.66	\$100,000.00	Age 75

ILLUSTRATED VALUES

CURRENT INTEREST RATE 4.25%

Premiums During Year	Account Value	Cash Surrender Value	Death Benefit
\$940.00	\$749.29	\$0.00	\$100,000.00
\$940.00	\$1,518.28	\$0.00	\$100,000.00
\$940.00	\$2,308.50	\$40.50	\$100,000.00
\$940.00	\$3,121.66	\$883.66	\$100,000.00
\$940.00	\$3,959.43	\$1,751.43	\$100,000.00
\$940.00	\$4,875.97	\$2,698.97	\$100,000.00
\$940.00	\$5,823.04	\$3,677.04	\$100,000.00
\$940.00	\$6,800.73	\$4,686.73	\$100,000.00
\$940.00	\$7,811.22	\$5,730.22	\$100,000.00
\$940.00	\$8,853.97	\$6,805.97	\$100,000.00
\$940.00	\$9,952.82	\$8,116.82	\$100,000.00
\$940.00	\$11,086.66	\$9,463.66	\$100,000.00
\$940.00	\$12,256.10	\$10,845.10	\$100,000.00
\$940.00	\$13,463.68	\$12,265.68	\$100,000.00
\$940.00	\$14,714.31	\$13,728.31	\$100,000.00
\$940.00	\$16,061.57	\$16,061.57	\$100,000.00
\$940.00	\$17,460.06	\$17,460.06	\$100,000.00
\$940.00	\$18,911.88	\$18,911.88	\$100,000.00
\$940.00	\$20,416.82	\$20,416.82	\$100,000.00
\$940.00	\$21,972.34	\$21,972.34	\$100,000.00
\$940.00	\$42,229.78	\$42,229.78	\$100,000.00
\$940.00	\$53,524.86	\$53,524.86	\$100,000.00
\$940.00	\$66,630.67	\$66,630.67	\$100,000.00

Guaranteed values are based on the guaranteed interest rate, the Maximum Expense Charge, and the Maximum Cost of Insurance Rates.

Illustrated values are based on the current interest rate (not guaranteed), the current expense charge, and the current cost of insurance rates. The Society may change such rates. However, the new rates will never be less favorable to the Owner than those guaranteed in the Certificate. Illustrated values are neither guarantees nor estimates of future values.

Both guaranteed and illustrated values assume the timely payment of each Planned Premium and no Loans, Withdrawals, or other contract changes. Cash Surrender Values are the contract values after adjustment for any surrender charge. For durations and ages with no numerical values shown, values are 0.

DEATH BENEFIT OPTION – The Option A Death Benefit is the larger of (a) the Face Amount or (b) the Account Value multiplied by the percentage factor shown in the Certificate. The Option B Death Benefit is the larger of (a) the Face Amount plus the Account Value or (b) the Account Value multiplied by the percentage factor shown in the Certificate. The owner may change the Death Benefit Option or Face Amount as specified in the Certificate. The Death Benefit will be reduced by the amount of any unpaid loan.

GUIDELINE PREMIUMS – The Internal Revenue Code of 1986, as amended, provides for the exclusion of Death Benefits from gross income for flexible premium life insurance contracts. There is a maximum limitation on premiums which may not be exceeded if the certificate is to qualify for the exclusion. The limitation has not been considered in this "Statement of Certificate-Policy-Cost and Benefit Information." The portion of any premium payment received in excess of that limitation will be refunded.

PREMIUMS DURING YEAR – If an initial lump sum payment was made in addition to the Planned Premium, the amount of the lump sum payment has been included in the amount for year one. For purposes of calculating guaranteed and illustrative values, it has been assumed that successive payments of the planned premium will be made on the mode of payment shown. The amounts shown in this column are the sum of such payments for the year shown.

EXPENSE CHARGE, WITHDRAWALS, LOANS, AND DIVIDENDS – The maximum expense charges are shown on Page 3 of the Certificate. The Certificate Loan Interest Rate is shown below. That portion of the Account Value used as security for a loan will earn interest. The contract is participating, however, dividends have not been included in the calculation of illustrated values. Royal Neighbors does not expect that any dividends will be declared on this Certificate.

LOAN INTEREST RATE – During the first 10 Certificate years, the Loan will bear interest at the rate of 7% per annum. Beginning in the 11th Certificate year, the Owner may obtain a loan for up to 100% of the Cash Surrender Value not to exceed 50% of the Cash Value (Preferred Loan). In no event may the total outstanding Preferred Loan exceed 50% of the Cash Value.

MATURITY DATE – Insurance may continue to the Maturity Date shown below. The then Cash Surrender Value will be paid to the Owner in one sum on that date. Coverage may expire prior to that date if Premiums paid are not sufficient to continue coverage to that date. Duration of coverage may also be affected by changes in the Face Amount or the Death Benefit Option.

MATURITY DATE – October 23, 2094

MAXIMUM EXPENSE CHARGES:

General Charge.....\$7.50 per month
Expense Charge.....5% of any Premium payment collected
Administrative Charge.....\$0.50 annually for years 1-5; \$0.00 for years 6 +

LIFE INSURANCE INTEREST ADJUSTED COST COMPARISON INDICES

	Net Payment Cost Index		Surrender Cost Index	
	10 years	20 years	10 years	20 years
Guaranteed Values	9.40	9.40	5.27	4.78
Illustrated Values	9.40	9.40	4.25	3.07

Cost indexes are useful for comparison of similar plans. An explanation of the intended use of these cost indices is included in the Life Insurance Buyer's Guide. The actual cost may increase or decrease depending upon changes in future mortality charges, credited interest rates and the time when surrender occurs. These indexes do not consider the value of the services of an agent nor the relative strength and reputation of a company. Insurance may continue to the Maturity Date shown above. The then Cash Surrender Value will be paid to the Owner in one sum on that date. Coverage may expire prior to that date if Premiums paid are not sufficient to continue coverage to that date. Duration of coverage may also be affected by changes in the Face Amount or the Death Benefit Option.

**THIS STATEMENT IS GENERAL. A COMPLETE DESCRIPTION
OF BENEFITS IS FOUND ONLY IN THE CONTRACT.**

DATE PREPARED – 10/28/2008



A Fraternal Benefit Society

Application for Permanent Life Insurance

PART 1

SECTION 1 – Proposed Insured

Name _____	Street _____
City _____	State _____ ZIP _____ Years at this address* _____
SSN/Tax ID _____	*If less than 3 yrs., add prior residence address in additional info, pg 4.
Phone number () _____	Marital status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> U.S. driver's license <input type="checkbox"/> Green Card <input type="checkbox"/> Passport	DOB _____ State/Country of birth _____
<input type="checkbox"/> Other _____	Annual income \$ _____
ID number _____ ID issuer _____	Employer's name _____
ID issue date _____ ID expiration date _____	Position/Title _____
E-mail address _____	Duties _____ Length of employment _____
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of citizenship _____ If No, are you a legal U.S. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2 – Other Insurance

1. EXISTING or APPLIED FOR INSURANCE

Does the Proposed Insured have any existing or applied for life insurance (*L*) or annuity (*A*) contracts with this or any other company? ☐ Yes ☐ No **IF YES**, complete and submit state replacement forms, if required, with this application.

Provide details:

Company	Type (<i>L, A</i>)	Amount of Insurance	Year of Issue	Accidental Death Amount	Existing or Applied for
					<input type="checkbox"/> E <input type="checkbox"/> A
					<input type="checkbox"/> E <input type="checkbox"/> A

2. REPLACEMENT

In connection with this application, has there been, or will there be, with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (*except conversions*) involving an annuity or other life insurance? ☐ Yes ☐ No

If Yes, complete and submit a replacement questionnaire **AND** any other state required replacement forms with this application.

SECTION 3 – Proposed Owner/Petitioner*

* **Complete if Owner is other than Proposed Insured or Proposed Insured is under age 15½**

1. OWNER/PETITIONER

Name _____	Relationship to Proposed Insured _____
Street _____	E-mail address _____
City _____ State _____ ZIP _____	<input type="checkbox"/> U.S. driver's license <input type="checkbox"/> Green Card <input type="checkbox"/> Passport
SSN/Tax ID _____	<input type="checkbox"/> Other _____
Phone number () _____	ID number _____ ID issuer _____
DOB _____	ID issue date _____ ID expiration date _____

SECTION 4 – Beneficiary(ies)

Multiple Beneficiaries will receive an equal percentage of proceeds unless otherwise instructed.

☐ PRIMARY

Name _____
Street _____
City _____ State _____ ZIP _____
DOB _____ SSN/Tax ID _____
Relationship to Proposed Insured _____
Percent of proceeds _____ %

☐ PRIMARY ☐ CONTINGENT

Name _____
Street _____
City _____ State _____ ZIP _____
DOB _____ SSN/Tax ID _____
Relationship to Proposed Insured _____
Percent of proceeds _____ %



SECTION 5 – Information Regarding Insurance Applied for

1. **PRODUCT NAME** _____
 - ☐ Level Pay (to age 121)
 - ☐ Pay to Age 65
 - ☐ 20 Pay
 - ☐ Universal Life
 - Death Benefit Type: ☐ Option A ☐ Option B
 - Planned Premium \$ _____
 - ☐ Other (specify) _____
2. **FACE AMOUNT** \$ _____
3. **DIVIDEND OPTION**
 - ☐ Applied to the payment of current premiums
 - ☐ Paid in cash
 - ☐ Applied to purchase paid-up additional insurance
 - ☐ Left on deposit to accumulate at interest
4. Automatic Premium Loan (APL) will be provided.
 - ☐ No Check if APL is NOT desired. (Not applicable to Universal Life)
5. **RIDERS**
 - ☐ Accelerated Living Benefit Rider (no additional premium)
 - ☐ Accidental Death Face Amount: _____
 - ☐ Guaranteed Insurability Rider
 - ☐ Premium Waiver Disability/Waiver of Monthly Deduction
 - ☐ Spousal Rider
 - *Please complete Supplemental Application
 - Spouse's Full Name _____
 - ☐ Child Rider
 - ☐ Flexible Premium Deferred Annuity Rider
 - Planned Premium _____
 - (Mode will be the same as base certificate.)
 - ☐ Other (specify) _____

SECTION 6 – Payment Information

If **Electronic Payment** is chosen, complete Pre-Authorized Collection (PAC) form on page 6.

1. **PAYMENT MODE** (Check one)
 - Direct bill: ☐ Annual ☐ Semi-Annual ☐ Quarterly
 - Electronic payment: ☐ Annual ☐ Semi-Annual
 - ☐ Quarterly ☐ Monthly
 - ☐ Payment with app \$ _____ ☐ Draft first payment
 - Additional details _____
2. **BILLING ADDRESS INFORMATION**
 - ☐ Proposed Insured's address ☐ Proposed Owner/Petitioner's address
 - ☐ Other Premium Payor's/Alternate billing address (details below)
 - Name _____
 - Street _____
 - City _____ State _____ ZIP _____
 - ☐ Special arrangements _____

SECTION 7 – General Risk Questions

Has the Proposed Insured:

(Provide details to questions in Additional Information section on page 4)

- | | |
|---|--|
| 1. In the past 5 years, done any flying other than as an airline passenger or engaged in vehicle racing, underwater diving, or sky diving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any current or expected duties with the Armed Forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. In the past 5 years, used tobacco products? If Yes, identify what was used, how much, and dates of usage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. In the past 5 years, been convicted of one or more vehicle moving violations, driving under the influence of alcohol or drugs, or ever had a driver's license revoked or suspended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Ever had an application for life or health insurance declined, postponed, up-rated or modified, or any insurance cancelled or its renewal refused? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Ever claimed disability benefits for an injury, illness, or impaired condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Any plans to travel or reside outside the U.S.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Entered into any agreement or arrangement providing for the future sale of the insurance certificate applied for in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Entered into any agreement or arrangement where the Proposed Insured will receive financing or a loan, including forgivable loans, to pay some or all of the premiums, costs or other expenses associated with this loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Entered into any agreement either orally or in writing by which you are to receive any form of consideration in exchange for procuring the insurance certificate you are applying for? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



SECTION 1 – Physician Information

Please provide name of doctor, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.

☐ Check here if no doctor, practitioner, or health care facility is known.

Physician name _____ Name of practice/clinic _____

Street _____ City, State, ZIP _____

Phone number () _____ Fax number () _____

Date last consulted _____ Provide reasons for treatments and the results. _____

List all currently prescribed medications, dosage, and frequency. _____

SECTION 2 – Medical Questions

1. Height _____ Weight _____ Experienced a change in weight (*greater than 10 pounds*) in the last 12 months? ☐ Yes ☐ No

If Yes, specify: Pounds lost _____ Pounds gained _____ Reason _____

2. Are your parents (*P*) or any siblings (*S*) deceased or ever had heart disease, diabetes, cancer, or mental illness? ☐ Yes ☐ No

If Yes, indicate below:

Relationship	Age at death	State of health, specific conditions, cause of death
<input type="checkbox"/> P <input type="checkbox"/> S		
<input type="checkbox"/> P <input type="checkbox"/> S		
<input type="checkbox"/> P <input type="checkbox"/> S		

3. Have you received counseling or treatment from any physician for, or been convicted for, the use of alcohol or the use and/or possession of drugs?

☐ Yes ☐ No

4. Have you used amphetamines, barbiturates, cocaine, narcotics, marijuana, or other depressant, excitant, or hallucinatory drugs, unless administered on the advice of a physician?

☐ Yes ☐ No

5. Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (*AIDS*), AIDS Related Complex (*ARC*), or the Human Immunodeficiency Virus (*HIV*)?

☐ Yes ☐ No

6. Have you during the past 10 years, been diagnosed as having, been treated by a member of the medical profession for, or tested positive for:

A. Heart attack; high blood pressure; stroke; or other disorder of the heart or blood vessels?

☐ Yes ☐ No

B. Cancer, tumor, cyst, mass; leukemia; lymph gland; thyroid; chronic fatigue; or any other blood abnormalities?

☐ Yes ☐ No

C. Diabetes or other endocrine disorder; sugar, albumin, or blood in urine; stone or other disorder of kidney, bladder, or prostate?

☐ Yes ☐ No

D. Lung or chronic respiratory disorder; asthma; bronchitis; emphysema; pneumonia; tuberculosis; or any other disorder of the respiratory system?

☐ Yes ☐ No

E. Intestinal bleeding; ulcer; hepatitis; or other disorder of stomach, liver, intestine, or gallbladder?

☐ Yes ☐ No

F. Any disease or disorder of the reproductive organs or breasts?

☐ Yes ☐ No

G. Brain, mental, or emotional nervous disorder; fainting; convulsions; paralysis; depression; anxiety; frequent recurring headaches; any other disease or disorder of the nervous system; attempted suicide; or ever been counseled for any of the above?

☐ Yes ☐ No

H. Arthritis; gout, loss of limb, or deformity; disorder of bone, joint, muscle, back, or spine; skin disorder; or any other disorder of the skeletal system?

☐ Yes ☐ No

I. Disease or disorder of eye, ears, nose, or throat?

☐ Yes ☐ No

J. Any diagnostic test, such as an electrocardiogram, x-ray, MRI, CT scan, biopsy, or blood study?

☐ Yes ☐ No

K. Any surgery?

☐ Yes ☐ No

L. Advised to have any diagnostic test, hospitalization, or surgery which has not been completed?

☐ Yes ☐ No

M. Treatment as an inpatient or outpatient or is currently confined in a hospital, institution, clinic, sanatorium, or other medical facility?

☐ Yes ☐ No



SECTION 2 – Medical Questions (cont.)

Details: If you answered YES to any of the medical questions above, please provide details here.

Question Number	Name of Physician Address if not already provided	Date/Duration of Illness	Diagnosis/Severity Medications/Treatments

Additional Information

Use this section for any additional information. Attach a separate sheet if necessary.

Agreement/Acknowledgement

Agreement/Disclosure

We, the Proposed Insured, Proposed Owner, or Proposed Petitioner, if applicable, have read this application for life insurance including any amendments and supplements and, to the best of our knowledge and belief, all statements are true and complete.

We also agree that:

- Statements in this application and any amendment(s), paramedical/medical exam, and supplement(s) are the basis of any certificate issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and, along with the articles of incorporation and bylaws of Royal Neighbors of America (*Royal Neighbors*), become part of the new certificate, and any copy or electronic image of these documents are as valid as the original and may be relied upon by Royal Neighbors in determining whether to issue the insurance for which I applied.
- No information will be deemed to have been given to Royal Neighbors unless it is stated in this application and amendment(s), paramedical/medical exam, and any supplement(s).
- Only authorized officers of Royal Neighbors may: a) make or change any contract of insurance; b) make a binding promise about insurance; or c) change or waive any term of an application, receipt, or certificate.
- Corrections, additions, or changes to this application may be made by Royal Neighbors. Any such changes will be shown under "Corrections and Amendments." Acceptance of a certificate issued with such changes will constitute acceptance of the changes. No change will be made in classification (*including age at issue*), plan, amount, or benefits unless agreed to in writing by the Applicant.
- Unless otherwise provided by the Conditional Receipt, Royal Neighbors will have no liability under this application unless and until: a) it has been received and approved by Royal Neighbors at its Home Office; b) the certificate has been issued and delivered to the certificateowner; c) the first premium has been paid to and accepted by Royal Neighbors; and d) at the time of delivery and payment, the facts concerning the insurability of the Insured are as stated in this application.
- If not a current member, the Proposed Insured applies to become a member of Royal Neighbors as indicated by the signature on page 5, and as a member, agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors of America was founded more than 100 years ago.

Taxpayer Identification Number Certification

Under penalties of perjury, We, the Proposed Insured, or Parent, if a minor, or Proposed Owner, if applicable, certify that:

1. The number shown on this form is my correct taxpayer identification number (*or I am waiting for a number to be issued to me*), and
- 2 a. **Proposed Insured** – I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (*IRS*) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
- b. **Proposed Owner** – I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (*IRS*) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.



Authorization

I, the Proposed Insured, or Parent, if a minor, hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, or other medical facility, insurance or reinsurance company, Medical Information Bureau, Inc. (MIB), consumer reporting agency, division of motor vehicles, the veterans administration, or other government agency or department having information as to the diagnosis, treatment, or prognosis with respect to any physical or mental condition, or having any non-medical information, concerning me to release and disclose the entire medical record and any other protected health or other information concerning me within the past 10 years, without restriction, to Royal Neighbors, its agents, employees, representatives, or its reinsurers. This includes information on the treatment of alcohol, drug, and tobacco abuse, and psychiatric diagnosis and treatment. **In order to facilitate the rapid transmission of such information, I authorize all the sources named above, except MIB, to give such information to any legal representative or agent employed by Royal Neighbors.**

I understand that the protected information is to be disclosed under this authorization so that Royal Neighbors may underwrite my application for life insurance, determine my eligibility for insurance, risk rating, or certificate issuance determinations, obtain reinsurance, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage, and conduct other legally permissible activities that relate to any coverage I have applied for with Royal Neighbors. Any protected information obtained will not be released by Royal Neighbors or its reinsurers to any person or organization EXCEPT to other divisions and/or departments of Royal Neighbors or its reinsuring companies, MIB, other life/health insurance organizations or fraternal benefit societies with which I have insurance contracts or to whom I may apply for insurance or to whom a claim for benefits may be submitted, or other persons or organizations performing business or legal services in connection with my application, insurance certificate(s), or claim for benefits or as may be otherwise lawfully required or as I may further authorize.

I understand that this authorization shall remain in force for 24 months from the date signed if used in connection with an application for life insurance certificate, an application for reinstatement of a life insurance certificate, or a request for change in certificate benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a certificate.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative is entitled to receive a copy. I understand that this authorization may be revoked by me at any time in writing, and if I refuse to sign or if I subsequently revoke this authorization, Royal Neighbors may not be able to process this application, and if coverage has been issued, may not be able to process any benefit payments. I agree that Royal Neighbors shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation at its Home Office or to the extent that Royal Neighbors has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be re-disclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

☐ Check here if a copy of this authorization is desired.

Corrections and Amendments *(For Home Office Use Only)*

☐ By checking this box I(we) understand that I(we) have elected to draft first premium from a financial institution. I(We) understand that there will be no insurance coverage unless and until the insurance applied for has been issued, delivered, and the first draft has been honored by the financial institution.

SIGNATURES:



Signed at city, state _____ Date _____

Proposed Insured _____

(Sign if age 12 or older)



Signed at city, state _____ Date _____

Proposed Owner/Petitioner _____



Signed at city, state _____ Date _____

Signature of Parent _____

(Required for all applicants under age 18)



Signed at city, state _____ Date _____

Proposed Insured Spouse _____

(Sign if Spousal Rider applied for)



Agent's Report

REPLACEMENT:

Do you have any knowledge or reason to believe the Proposed Insured has any existing or applied for life insurance or annuity contracts with this or any other company? ☐ Yes ☐ No

If Yes, and applicable, have you completed a replacement questionnaire and any other state required replacement forms? ☐ Yes ☐ No

Do you have any knowledge or reason to believe that the Proposed Insured has in-force life insurance or annuity contracts that may be replaced as a result of this transaction? ☐ Yes ☐ No

If Yes, and applicable, have you completed a replacement questionnaire and any other state required replacement forms? ☐ Yes ☐ No

Did you use only written sales material approved for use by Royal Neighbors? ☐ Yes ☐ No

Did you personally review the I.D. of the Owner? ☐ Yes ☐ No If Yes, form of I.D. _____

Agent no. _____ Agent license no. _____ Agent chapter no. _____



Signature of Writing Agent _____ Date _____

Printed name of Writing Agent _____

If applicable, complete and sign the following statement(s):

Agent Signature _____ Date _____

Agent Name _____ ID Number _____ Percent _____
Please print

Agent Signature _____ Date _____

Agent Name _____ ID Number _____ Percent _____
Please print



A Fraternal Benefit Society

INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

Authorization for Pre-Authorized Collection Plan

I authorize Royal Neighbors of America (*Royal Neighbors*) and the financial institution named below to initiate automatic withdrawals from my checking/savings account. This authority will remain in effect until I notify Royal Neighbors or the bank to cancel it in such time as to afford a reasonable opportunity to act on the request. I can stop payment of any withdrawal by notifying Royal Neighbors three days before my scheduled withdrawal day. Royal Neighbors reserves the option to change the method of payment to another qualifying mode after the occurrence of a transaction not honored.

Name of financial institution _____ City _____ State _____

Name (*please print*) _____ Phone number () _____

Street address/PO Box _____

City _____ State _____ ZIP _____

I would like the payment withdrawn on the _____ (*select from the 1st through 28th*) day of the month.

Checking account no. _____ OR Savings account no. _____

☐ If this box is checked I authorize you to immediately withdraw at least one month's premium at the premium class applied for from my account.



Signature as it appears on bank records ☒ _____ Date _____

PLEASE RETURN THIS AUTHORIZATION WITH A VOIDED CHECK OR A DEPOSIT SLIP





A Fraternal Benefit Society

Conditional Receipt

Unless each and every condition specified in paragraph 1 below is fulfilled exactly, no insurance will become effective prior to delivery of the certificate of insurance. No agent of Royal Neighbors of America (*Royal Neighbors*) is authorized to alter or waive any of the conditions.

Received from _____ on (Date) _____ the sum of ☐ \$ _____ / ☐ no money received with application in connection with an application to Royal Neighbors for the following insurance certificate:

Proposed Insured: _____ Life Insurance Amount: \$ _____ Plan: _____

1. All of the following conditions must be met before insurance may become effective prior to delivery of the certificate:
 - a) The payment indicated above must be at least equal to one month's premium at the premium class applied for. Assuming all other conditions under this paragraph have been met, if Royal Neighbors, in accordance with its rules, would have issued the certificate under a different premium class than applied for, and the premium paid was less than the premium that would have been required for the issuance of a certificate at this new premium class, then the death benefit payable under the receipt shall be such as the premium paid would have purchased at the new premium class.
 - b) All medical examinations and tests required by Royal Neighbors must be completed and received at the Home Office of Royal Neighbors.
 - c) As of the effective date, as defined below, the Proposed Insured must be a standard risk under rules and practices of Royal Neighbors for the plan and the amount of life insurance applied for, without change and at the rate of premium paid.
 - d) As of the effective date, the state of health and all factors affecting the insurance of the Proposed Insured must be as stated in the application.
2. When each and every one of the conditions of paragraph 1 have been met, the insurance coverage, as provided by the terms and conditions of the certificate of life insurance applied for, but for an amount not exceeding \$400,000, will begin as of the Effective Date. "Effective Date" as used herein, means the later of:
 - a) the date of completion of the application; or
 - b) the date of completion of all medical examinations, electrocardiograms, x-rays, and other tests required by Royal Neighbors.
3. If the conditions have been met and coverage begins, coverage under this receipt will terminate 60 days from the date of this receipt unless prior to that date the insurance certificate is issued and accepted.

IMPORTANT INFORMATION: If no check or money order is received with this application, then this conditional insurance is not effective and there will be no insurance in effect unless and until a certificate for the insurance applied for has been issued and the first premium due has been paid in full.



Signature of Agent Receiving the Payment _____



Signature of Proposed Insured _____

I understand and agree to the terms, conditions, and limits of this receipt and the agreements in the application, all of which have been fully explained to me by the agent.



Signature of Proposed Owner/Petitioner _____

Royal Neighbors of America

www.royalneighbors.org

Rock Island, Home Office

230 16th St., Rock Island, IL 61201

(800) 627-4762



Important Information for Applicant

Arizona: On written request, Royal Neighbors of America will provide the certificateowner with information regarding the provisions of the life insurance certificate. If for any reason the certificateowner is not satisfied with the life insurance certificate, she/he may return the certificate to Royal Neighbors of America within 20 days (*30 days if the certificateowner is 65 years of age or older*), after receiving the certificate and receive a refund of all monies paid.

Arkansas, California, New Mexico, Texas, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer who knowingly provides false, incomplete, or misleading facts or information to a certificateowner or claimant for the purpose of defrauding or attempting to defraud the certificateowner or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia and Georgia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Indiana and Oklahoma: Any person who knowingly, with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Kentucky and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey: Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud, or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Tennessee, Washington, and Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company (*insurer*) for the purpose of defrauding the insurer. Penalties include imprisonment, fines, and denial of insurance benefits.

Medical Information Bureau, Inc. (MIB), Notice

This Notice is to be detached, read, and retained by the Proposed Insured

Information regarding your insurability will be treated as confidential. Royal Neighbors or its reinsurers make a brief report thereon to the Medical Information Bureau, Inc., a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or if a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901, TTY (866) 346-3642. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Report Act. The address of MIB's information office is: MIB, P.O. Box 105, Essex Station, Boston, MA 02112.

Royal Neighbors or its reinsurers may also release information in its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

Fair Credit Report Act Notice

This is to inform you that as part of our underwriting procedures in connection with this application, an investigative consumer report may be obtained on the Proposed Insured and the Proposed Petitioner. This report will provide applicable information concerning character, general reputation, personal characteristics, and mode of living.* This information will be obtained through personal interviews with neighbors, friends, and associates. You may request to be interviewed in connection with the preparation of the investigative consumer report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. No information collected concerning the sexual orientation of the Proposed Insured or Proposed Petitioner will be used to determine her or his eligibility for life insurance.

**Information obtained will not be used to determine sexual orientation.*



<i>SERFF Tracking Number:</i>	<i>RNOA-125883579</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Royal Neighbors of America</i>	<i>State Tracking Number:</i>	<i>40788</i>
<i>Company Tracking Number:</i>	<i>200911-AR RNOA-125883579</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Flexible Premium Adjustable Life Insurance and Perm Application</i>		
<i>Project Name/Number:</i>	<i>2008 FPAL and Perm App/200911-AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: RNOA-125883579 State: Arkansas
Filing Company: Royal Neighbors of America State Tracking Number: 40788
Company Tracking Number: 200911-AR RNOA-125883579
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance and Perm Application
Project Name/Number: 2008 FPAL and Perm App/200911-AR

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/31/2008

Comments:

Attachment:

Cert of Compliance.pdf

Review Status:

Satisfied -Name: Illustration Specimen

11/06/2008

Comments:

Attachment:

Illustration for Universal Life Series 200911.pdf

Review Status:

Satisfied -Name: Flesch

11/06/2008

Comments:

Attachment:

Certification of Flesch Cert and App.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: ROYAL NEIGHBORS OF AMERICA

Form Number(s): 200911-AR
1730 Rev. 10-2008

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

BRUCE R PETERSON

Name

SECRETARY AND GENERAL COUNSEL

Title

11/6/2008

Date



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

230 Sixteenth St., Rock Island, IL 61201
www.royalneighbors.org

A Life Insurance Certificate Illustration

A Flexible Premium Universal Life Certificate Universal Life

Designed for
John Doe
Any City, State 12345

Presented by
Joe Agent
123 Any Street
Any City, State 12345

October 27, 2008

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Certificate Illustration Explanation

Universal Life – A Flexible Premium Universal Life Certificate

Universal Life Insurance	The life insurance certificate you are considering allows flexible premium payments to age 120. The death benefit is adjustable and ultimately depends on the cash value in the certificate. The cash value is based on the amount of your premium payments, monthly certificate charges, and monthly interest credited to the certificate. Interest rates and cost factors are subject to change. The interest rate is guaranteed never to go below 3.00% and costs are guaranteed not to exceed the maximums listed in the certificate contract. The non-guaranteed elements of this certificate are described in the following pages.
Underwriting class: Male, Non Smoker	The premium options and certificate charges calculated for this illustration assume a certificate is issued with the underwriting listed at the left. Actual amounts will depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your insurance contract.
Initial Death Benefit: \$100,000	The death benefit assumed at issue is shown on the left. The actual amount payable at death may be decreased by loans or withdrawals, or increased by additional insurance benefits. The insurance certificate will specify how to determine the benefit.
Death Benefit Option: Option A Level	The certificate provides an option for a level or increasing death benefit. The cost of insurance is based on the difference between the death benefit and the cash value. If the cash value decreases, the death benefit may also need to decrease.
First Year Premium: \$940.00	The planned premium outlays are shown in the yearly detail of this illustration. Be sure to note when coverage would cease based on guaranteed or non-guaranteed assumptions.
Annual Premium to Maximize Benefits \$1,125.91	By paying the maximum annual premium to age 120, your certificate will maximize its values and long-term benefits. This premium changes if you change the certificate face amount. You can also prepay this premium during the early years of the certificate.
Cash Value	The account value less any surrender charges.
Non-Guaranteed Elements of the Certificate	<p>Many aspects of your life insurance contract will be guaranteed, including your minimum interest and maximum charges. However, other aspects of the certificate can not be predicted. For example, the interest rate credited may exceed the guaranteed rate and monthly charges may be less than the maximum guaranteed charges.</p> <p>The non-guaranteed elements can improve the value of your life insurance certificate in one of two ways: by increasing your certificate's cash value and/or death benefit, or by reducing the out-of-pocket cost of your certificate. Variations in these factors could affect: death benefits, cash values, cash flow taken out of the certificate, or total out-of-pocket payments over the lifetime of the certificate.</p> <p>The non-guaranteed pages provide snapshots of your certificate assuming higher interest and lower charges than those that are guaranteed. Since these elements can not be predicted, a range of results are illustrated. The actual certificate values will be less or more favorable than these illustrated results.</p>

Form Series 200911

Presented by Joe Agent

This is page 2 of 11 pages
and is not valid unless all pages are included.

Royal Neighbors of America

Designed For: John Doe
Sex & Issue Age: Male, Age 35
Face Amount: \$100,000.00
Premium: \$940.00 annually

Certificate Illustration Explanation (Continued)

Universal Life – A Flexible Premium Universal Life Certificate

Tax Guidelines

In order to receive favorable tax treatment of distributions (including loans) under the Internal Revenue Code, a life insurance certificate must satisfy a 7-Pay Premium limitation during the first 7 years and 7 years after certain certificate changes. Failure to satisfy this limitation would cause distributions to be taxable to the extent that there is a gain in the contract. In addition, there is a penalty of 10% of taxable income for distributions from such certificates before age 59½ with certain exceptions. In any case, a gain in the contract is taxable upon full surrender of the certificate.

Initial 7-Pay Premium: \$3,319.32

Certain changes to the certificate's benefits (whether illustrated or not) will alter the premium limitation, and could cause the certificate to lose its favorable status. Please consult your insurance representative or tax advisor for more information.

There is a limitation on the total premium paid for a certificate based on the guideline premiums. The initial guideline premiums for this illustration are:

Guideline Single Premium: \$12,979.96

Guideline Annual Premium: \$1,125.91

These values may change for later years based on certificate changes. The maximum premium limit is the greater of the single premium or the sum of the annual premium.

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Certificate Illustration Summary

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting Class:
Male,
Non Smoker

Interest and
 Cost Scenarios:

Guaranteed
 3.00% interest
 rate and
 maximum
 charges

Midpoint
 Interest rate and
 charges halfway
 between current
 and guaranteed

Current
 4.25% interest
 rate and
 current charges

This illustration
 presumes the
 non-guaranteed
 elements will
 continue as
 assumed for all
 years shown.
 This is not likely
 to occur, and
 actual results may
 be more or
 less favorable

Summary Year	Guaranteed	Non-Guaranteed Midpoint	Non-Guaranteed Current
Year 5			
Premium	\$940	\$940	\$940
Cash Value	\$1,262	\$1,332	\$1,403
Death Benefit	\$100,000	\$100,000	\$100,000
Year 10			
Premium	\$940	\$940	\$940
Cash Value	\$5,448	\$5,727	\$6,017
Death Benefit	\$100,000	\$100,000	\$100,000
Year 20			
Premium	\$940	\$940	\$940
Cash Value	\$16,048	\$17,346	\$18,758
Death Benefit	\$100,000	\$100,000	\$100,000
Age 70			
Premium	\$940	\$940	\$940
Cash Value	\$22,414	\$27,394	\$34,481
Death Benefit	\$100,000	\$100,000	\$100,000
Last Year of Death Benefit	44	47	50
All Years – Total Premium	41,360	44,180	\$47,000
Cash from Policy	\$0	\$0	\$0

I have received a copy of this illustration and understand that actual results for any non-guaranteed elements illustrated are subject to change and could be more or less favorable than those illustrated. The representative has told me they are not guaranteed.

Applicant

Date

I certify that this illustration has been presented to the Applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no representations that are inconsistent with the illustration.

Authorized Representative

Date

Royal Neighbors of America

Designed For: John Doe
Sex & Issue Age: Male, Age 35
Face Amount: \$100,000.00
Premium: \$940.00 annually

Important Notes

Cost Indices

Interest Adjusted Indices on the Insured (5%)

	Net Payment		Surrender Cost	
	<u>10-Year</u>	<u>20-Year</u>	<u>10-Year</u>	<u>20-Year</u>
Guaranteed	\$9.40	\$9.40	\$5.27	\$4.78
Midpoint	\$9.40	\$9.40	\$5.06	\$4.40
Current	\$9.40	\$9.40	\$4.84	\$4.00

Net Payment Cost Index – The interest adjusted payment represents the average annual payment for the certificate per \$1,000 equivalent level death benefit and is calculated using only premiums and dividends.

Surrender Cost Index – The interest adjusted cost represents the average annual cost of the certificate per \$1,000 equivalent level death benefit and is calculated using premiums, dividends, and cash values.

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Life Insurance Certificate Illustration

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting
 Class:
**Male,
 Non Smoker**

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = Monthly ACP; W = Weekly

Premiums are paid
 at the beginning of
 the period for the
 mode noted.

Values and benefits
 are as of the end
 of the year.

This illustration
 presumes the
 non-guaranteed
 elements will
 continue as
 assumed for all
 years shown.

This is not likely to
 occur, and actual
 results may be more
 or less favorable.

				Guaranteed		Non-Guaranteed Current	
End of Year	Age	Premium Outlay	Mode	Cash Value	Death Benefit	Cash Value	Death Benefit
1	36	940	A	0	100,000	0	100,000
2	37	940	A	0	100,000	0	100,000
3	38	940	A	0	100,000	0	100,000
4	39	940	A	510	100,000	603	100,000
5	40	940	A	1,262	100,000	1,403	100,000
6	41	940	A	2,078	100,000	2,278	100,000
7	42	940	A	2,906	100,000	3,178	100,000
8	43	940	A	3,746	100,000	4,103	100,000
9	44	940	A	4,594	100,000	5,049	100,000
10	45	<u>940</u>	A	5,448	100,000	6,017	100,000
		9,400					
11	46	940	A	6,487	100,000	7,184	100,000
12	47	940	A	7,532	100,000	8,375	100,000
13	48	940	A	8,586	100,000	9,591	100,000
14	49	940	A	9,655	100,000	10,840	100,000
15	50	940	A	10,735	100,000	12,119	100,000
16	51	940	A	12,595	100,000	14,199	100,000
17	52	940	A	13,471	100,000	15,315	100,000
18	53	940	A	14,342	100,000	16,450	100,000
19	54	940	A	15,204	100,000	17,601	100,000
20	55	<u>940</u>	A	16,048	100,000	18,758	100,000
		18,800					
21	56	940	A	16,868	100,000	19,918	100,000
22	57	940	A	17,662	100,000	21,082	100,000
23	58	940	A	18,431	100,000	22,251	100,000
24	59	940	A	19,177	100,000	23,429	100,000
25	60	940	A	19,891	100,000	24,609	100,000
26	61	940	A	20,558	100,000	25,779	100,000
27	62	940	A	21,163	100,000	26,928	100,000
28	63	940	A	21,690	100,000	28,043	100,000
29	64	940	A	22,128	100,000	29,117	100,000
30	65	<u>940</u>	A	22,469	100,000	30,146	100,000
		28,200					

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Life Insurance Certificate Illustration

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting
 Class:
**Male,
 Non Smoker**

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = Monthly ACP; W = Weekly

Premiums are
 paid at the
 beginning of the
 period for the
 mode noted.

Values and
 benefits are as
 of the end of
 the year.

This illustration
 presumes the
 non-guaranteed
 elements will
 continue as
 assumed for all
 years shown.

This is not likely
 to occur, and
 actual results
 may be more or
 less favorable.

				Guaranteed		Non-Guaranteed Current	
End of Year	Age	Premium Outlay	Mode	Cash Value	Death Benefit	Cash Value	Death Benefit
31	66	940	A	22,704	100,000	31,126	100,000
32	67	940	A	22,829	100,000	32,056	100,000
33	68	940	A	22,833	100,000	32,931	100,000
34	69	940	A	22,703	100,000	33,745	100,000
35	70	940	A	22,414	100,000	34,481	100,000
36	71	940	A	21,931	100,000	35,117	100,000
37	72	940	A	21,203	100,000	35,617	100,000
38	73	940	A	20,173	100,000	35,943	100,000
39	74	940	A	18,803	100,000	36,073	100,000
40	75	940	A	17,037	100,000	35,975	100,000
		37,600					
41	76	940	A	14,808	100,000	35,608	100,000
42	77	940	A	12,018	100,000	34,914	100,000
43	78	940	A	8,530	100,000	33,804	100,000
44	79	940	A	4,165	100,000	32,169	100,000
45	80	940	A	0	0	29,880	100,000
46	81	940	A	0	0	26,773	100,000
47	82	940	A	0	0	22,648	100,000
48	83	940	A	0	0	17,260	100,000
49	84	940	A	0	0	10,258	100,000
50	85	940	A	0	0	1,151	100,000
		47,000					
51	86	0	A	0	0	0	0
52	87	0	A	0	0	0	0
53	88	0	A	0	0	0	0
54	89	0	A	0	0	0	0
55	90	0	A	0	0	0	0
56	91	0	A	0	0	0	0
57	92	0	A	0	0	0	0
58	93	0	A	0	0	0	0
59	94	0	A	0	0	0	0
60	95	0	A	0	0	0	0
		47,000					

Certificate charges continue for all years. Depending on actual results, premiums may need to be resumed or increased to maintain the certificate. Actual non-guaranteed factors will change based on the insurer's experience with benefit payments, investment results, and operating expenses.

Form Series 200911

ILLUSTRATION ONLY, NOT AN OFFER OR CONTRACT

Presented by Joe Agent

This is page 7 of 11 pages
 and is not valid unless all pages are included.

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Life Insurance Certificate Illustration

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting
 Class:
**Male,
 Non Smoker**

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = Monthly ACP; W = Weekly

Premiums are
 paid at the
 beginning of the
 period for the
 mode noted.

Values and
 benefits are as
 of the end of
 the year.

This illustration
 presumes the
 non-guaranteed
 elements will
 continue as
 assumed for all
 years shown.
 This is not likely
 to occur, and
 actual results
 may be more or
 less favorable.

					Guaranteed		Non-Guaranteed Current	
End of Year	Age	Premium Outlay	Mode		Cash Value	Death Benefit	Cash Value	Death Benefit
61	96	0	A		0	0	0	0
62	97	0	A		0	0	0	0
63	98	0	A		0	0	0	0
64	99	0	A		0	0	0	0
65	100	0	A		0	0	0	0
66	101	0	A		0	0	0	0
67	102	0	A		0	0	0	0
68	103	0	A		0	0	0	0
69	104	0	A		0	0	0	0
70	105	0	A		0	0	0	0
		47,000						
71	106	0	A		0	0	0	0
72	107	0	A		0	0	0	0
73	108	0	A		0	0	0	0
74	109	0	A		0	0	0	0
75	110	0	A		0	0	0	0
76	111	0	A		0	0	0	0
77	112	0	A		0	0	0	0
78	113	0	A		0	0	0	0
79	114	0	A		0	0	0	0
80	115	0	A		0	0	0	0
		47,000						
81	116	0	A		0	0	0	0
82	117	0	A		0	0	0	0
83	118	0	A		0	0	0	0
84	119	0	A		0	0	0	0
85	120	0	A		0	0	0	0
		47,000						

Certificate charges continue for all years. Depending on actual results, premiums may need to be resumed or increased to maintain the certificate. Actual non-guaranteed factors will change based on the insurer's experience with benefit payments, investment results, and operating expenses.

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Life Insurance Certificate Outlays

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting
 Class:
**Male,
 Non Smoker**

Premium
 payments can
 be increased up
 to the maximum
 limits in order to
 extend and
 increase benefits
 and values.

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = Monthly ACP; W = Weekly

Certificate Outlay					Guideline Premiums			
End of Year	Age	Premium Outlay	With-drawal	Annual Loan	Single	Annual	Total	7-Pay
1	36	940	0	0	12,980	1,126	12,980	3,319
2	37	940	0	0	0	1,126	12,980	3,319
3	38	940	0	0	0	1,126	12,980	3,319
4	39	940	0	0	0	1,126	12,980	3,319
5	40	940	0	0	0	1,126	12,980	3,319
6	41	940	0	0	0	1,126	12,980	3,319
7	42	940	0	0	0	1,126	12,980	3,319
8	43	940	0	0	0	1,126	12,980	0
9	44	940	0	0	0	1,126	12,980	0
10	45	<u>940</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,126</u>	12,980	0
		9,400			12,980	11,259		
11	46	940	0	0	0	1,126	12,980	0
12	47	940	0	0	0	1,126	13,511	0
13	48	940	0	0	0	1,126	14,637	0
14	49	940	0	0	0	1,126	15,763	0
15	50	940	0	0	0	1,126	16,889	0
16	51	940	0	0	0	1,126	18,015	0
17	52	940	0	0	0	1,126	19,140	0
18	53	940	0	0	0	1,126	20,266	0
19	54	940	0	0	0	1,126	21,392	0
20	55	<u>940</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,126</u>	22,518	0
		18,800			12,980	22,518		
21	56	940	0	0	0	1,126	23,644	0
22	57	940	0	0	0	1,126	24,770	0
23	58	940	0	0	0	1,126	25,896	0
24	59	940	0	0	0	1,126	27,022	0
25	60	940	0	0	0	1,126	28,148	0
26	61	940	0	0	0	1,126	29,274	0
27	62	940	0	0	0	1,126	30,400	0
28	63	940	0	0	0	1,126	31,525	0
29	64	940	0	0	0	1,126	32,651	0
30	65	<u>940</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,126</u>	33,777	0
		28,200			12,980	33,777		

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Life Insurance Certificate Outlays

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting
 Class:
**Male,
 Non Smoker**

Premium
 payments can
 be increased up
 to the maximum
 limits in order
 to extend and
 increase benefits
 and values.

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = Monthly ACP; W = Weekly

Certificate Outlay					Guideline Premiums			
End of Year	Age	Premium Outlay	With-drawal	Annual Loan	Single	Annual	Total	7-Pay
31	66	940	0	0	0	1,126	34,903	0
32	67	940	0	0	0	1,126	36,029	0
33	68	940	0	0	0	1,126	37,155	0
34	69	940	0	0	0	1,126	38,281	0
35	70	940	0	0	0	1,126	39,407	0
36	71	940	0	0	0	1,126	40,533	0
37	72	940	0	0	0	1,126	41,659	0
38	73	940	0	0	0	1,126	42,785	0
39	74	940	0	0	0	1,126	43,910	0
40	75	940	0	0	0	1,126	45,036	0
37,600					12,980	45,036		
41	76	940	0	0	0	1,126	46,162	0
42	77	940	0	0	0	1,126	47,288	0
43	78	940	0	0	0	1,126	48,414	0
44	79	940	0	0	0	1,126	49,540	0
45	80	940	0	0	0	1,126	50,666	0
46	81	940	0	0	0	1,126	51,792	0
47	82	940	0	0	0	1,126	52,918	0
48	83	940	0	0	0	1,126	54,044	0
49	84	940	0	0	0	1,126	55,170	0
50	85	940	0	0	0	1,126	56,296	0
47,000					12,980	56,296		
51	86	940	0	0	0	1,126	57,421	0
52	87	940	0	0	0	1,126	58,547	0
53	88	940	0	0	0	1,126	59,673	0
54	89	940	0	0	0	1,126	60,799	0
55	90	940	0	0	0	1,126	61,925	0
56	91	940	0	0	0	1,126	63,051	0
57	92	940	0	0	0	1,126	64,177	0
58	93	940	0	0	0	1,126	65,303	0
59	94	940	0	0	0	1,126	66,429	0
60	95	940	0	0	0	1,126	67,555	0
56,400					12,980	67,555		

Royal Neighbors of America

Designed For: John Doe
 Sex & Issue Age: Male, Age 35
 Face Amount: \$100,000.00
 Premium: \$940.00 annually

Life Insurance Certificate Outlays

Universal Life – A Flexible Premium Universal Life Certificate

Underwriting
 Class:
**Male,
 Non Smoker**

Premium
 payments can
 be increased up
 to the maximum
 limits in order
 to extend and
 increase benefits
 and values.

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = Monthly ACP; W = Weekly

Certificate Outlay					Guideline Premiums			
End of Year	Age	Premium Outlay	With-drawal	Annual Loan	Single	Annual	Total	7-Pay
61	96	940	0	0	0	1,126	68,681	0
62	97	940	0	0	0	1,126	69,806	0
63	98	940	0	0	0	1,126	70,932	0
64	99	940	0	0	0	1,126	72,058	0
65	100	940	0	0	0	1,126	73,184	0
66	101	940	0	0	0	1,126	74,310	0
67	102	940	0	0	0	1,126	75,436	0
68	103	940	0	0	0	1,126	76,562	0
69	104	940	0	0	0	1,126	77,688	0
70	105	<u>940</u>	<u>0</u>	0	<u>0</u>	<u>1,126</u>	78,814	0
		65,800			12,980	78,814		
71	106	940	0	0	0	1,126	79,940	0
72	107	940	0	0	0	1,126	81,066	0
73	108	940	0	0	0	1,126	82,191	0
74	109	940	0	0	0	1,126	83,317	0
75	110	940	0	0	0	1,126	84,443	0
76	111	940	0	0	0	1,126	85,569	0
77	112	940	0	0	0	1,126	86,695	0
78	113	940	0	0	0	1,126	87,821	0
79	114	940	0	0	0	1,126	88,947	0
80	115	<u>940</u>	<u>0</u>	0	<u>0</u>	<u>1,126</u>	90,073	0
		75,200			12,980	90,073		
81	116	940	0	0	0	1,126	91,199	0
82	117	940	0	0	0	1,126	92,325	0
83	118	940	0	0	0	1,126	93,451	0
84	119	940	0	0	0	1,126	94,576	0
85	120	<u>940</u>	0	0	<u>0</u>	<u>1,126</u>	95,702	0
		79,900			12,980	95,702		



230 16th Street | Rock Island, IL 61201

Phone: (309) 788-4561 | Toll-free: (800) 627-4762

E-mail: contact@royalneighbors.org | Web site: www.royalneighbors.org

CERTIFICATION OF FLESCH READING EASE SCORE

Royal Neighbors of America does hereby certify that the following certificate forms and application, specimen copies of which are submitted herewith, are in its judgment readable based on the factors specified in Arkansas Regulations.

<u>FORM</u>	<u>TITLE</u>	<u>FLESCH SCALE READABILITY ANALYSIS AND TEST SCORE</u>
200911-AR	Permanent Life Insurance to Age 121	69.4
1730 Rev. 10-2008	Application for Permanent Life Insurance	49.7

- A Flesch reading ease test scores of the above forms is as indicated above.
- The forms are printed, except for specification pages, schedules and tables, in not less than ten point, one point leaded.
- The forms listed above were analyzed in their entirety both to the method and formula as specified in Arkansas Regulations.

Dated this 6th day of November, 2008

By _____
Philip K. Blankenfeld – Compliance Manager